

FAIRFAX COUNTY PARK AUTHORITY
Parent's Guide to Policies



Welcome to Fairfax County Park Authority camps! Our goal is to provide children with a safe and enjoyable camp experience where children can develop skills, form friendships and enhance self esteem. Please make sure your child comes to camp with the proper items and be sure you have read all of the information in this packet. It is also important to make sure we have the most current information on your member account (ie. Phone number and address). If you have moved and need to update your member account, please call (703)222-4664.

ADMINISTERING MEDICATION

MEDICATION WILL NOT BE ADMINISTERED UNLESS AUTHORIZATION FORMS ARE COMPLETED, SIGNED BY PROPER AUTHORITIES, AND RETURNED. If your child will need medication administered during program hours, please download authorization forms from website at www.fairfaxcounty.gov/parks immediately or call (703)324-8571 to request Authorization Forms. Staff is not permitted to administer medications, whether over-the-counter or prescription, without proper paperwork completed. Medications will be locked up and will need to be sent in its original container, please remember to pick up unused medicine containers at the end of camp. Some forms require doctor's signature.

PHYSICAL EXAMINATION & IMMUNIZATION RECORD

Before admission, a copy of the child's immunization record must be on file at camp. If the child is attending camp for more than four weeks, a physician signed physical exam record must be submitted.

SICK/ILL CHILDREN

If a child arrives with symptoms of illness or has a temperature of over 100 degrees, the child will not be permitted to stay. If a camper becomes ill, parents must pick up sick children immediately. Sites will notify all parents about disease outbreaks. A doctor's note is required before children may return.

SIGNING IN/OUT

Authorized individuals 18 years or older must sign child in and out each day. Staff are required to I.D. all persons picking up children. Children will not be released to anyone not on the Pick Up Authorization Form. Custody issues require special attention, please call Youth Services at 324-8571. Parents must sign-in and walk child to the specific meeting area. If arriving late please see the camp coordinator.

CHILDREN'S BELONGINGS

Please label ALL belongings. The FCPA and the site staff are not responsible for lost/stolen items. Personal belongings should be kept in a bag or backpack which will be stored in program area.

EXTENDED CARE

Most sites offer before and after camp child care. This is not part of the structured camp program. Children should come prepared with books or other quiet activities. Please refrain from bringing electronic or expensive toys/games. Board games, cards, and crayons are available.

LATE PARENT POLICY

If a parent or authorized person is late in picking the child up, a late fee of \$5 for every 15 minutes will be applied. If a child is consistently picked up late, the child may be dismissed from the program. Children become upset when parents are not on time, please call the site if you know you will be late. A staff member will remain with the child up to one hour after the program ends. After one hour, Child Protective Services will be called.

BEHAVIOR MANAGEMENT AND DISCIPLINARY ACTIONS

If a child brings a weapon to camp, intentionally harms others, vandalizes property, or displays other extreme behavior, he/she will be dismissed from the program and no refund will be given. For inappropriate behavior, parents will be notified verbally and/or in writing with notification of further action. FCPA reserves the right to immediately dismiss a child from any program. STAFF WILL NEVER: 1) use physical punishment; 2) be verbally abusive; 3) force, withhold, or substitute food; 4) give any child the authority to punish another child; 5) place a child out of visual/hearing sight, in the dark, or in an unventilated place; 6) punish a child for a toileting accident.

All participants enrolled in Fairfax County Park Authority programs must meet the code of conduct which states children must be able to demonstrate the following with minimal direction: (1) must be able to maintain personal care without staff support (2) stay with assigned group (3) respect others (listen, follow directions, use appropriate language, keep hands to oneself) (4) maintain self control (5) meet the prerequisite skills for the program if required.

FOOD FROM HOME AND CANDY MACHINE USE

It is recommended that lunches and snacks, brought from home be nutritious and imperishable. Please check with the program staff regarding the use of candy machines by children.

POOL REGULATIONS

Not all programs use the pool. Swimmers are required to take a soap shower before entering the pool. Life vests/ water wings are permitted in shallow water with direct supervision. Masks, snorkels, and fins may be used at the guards' discretion and based on demonstrated ability. Children must pass a proficiency test to go in water over their shoulders. Children with skin infections, open wounds, nasal or ear discharge, or any communicable disease, are not permitted in the pool. No sauna or spa use.

SUNSCREEN & LOTION APPLICATION

Staff is not permitted to apply sunscreens or lotions to children.

REPORTING CHILD ABUSE & NEGLECT

If it is suspected that a child has been abused, neglected, or exploited in any way, program staff is required to report it to Youth Services and Child Protective Services.

Refunds/Transfers

Cancellations and transfers may NOT be done through the automated telephone or internet registration systems. For operator assistance, call (703) 222-4664. There are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons. Refunds and transfers must be requested at least ten business days prior to the camp session for which the refund/transfer is being requested. All but \$25 will be returned for approved refunds. Refunds are not permitted for those who register within ten business days prior to the start of a camp session. Transfers cannot be done within the ten business day period before the start of camp. Within the ten business days of the start of camp, refunds will only be given for medical emergencies with doctor's written verification as long as the verification is received BEFORE the camp begins. If a medical emergency occurs during camp, a doctor's written verification will be needed within 24 hours for a pro-rated refund. Requests received after the camp session ends will not be granted.

QUESTIONS/CONCERNS

Concerns should always be addressed at the site through the Camp staff and Directors, Site Programmer/Contractor, or Site Manager.



Accommodations: If participation accommodations and/or alternative information formats are needed in accordance with the Americans with Disabilities Act, please call (703) 324-8563 at least 10 working days in advance of the date needed.
TTY (703) 803-3354

LICENSING INFORMATION

The Commonwealth of Virginia gives the Department of Social Services authority to license child day programs. Many of the policies in this packet were established based on these standards and are required by the state. This includes the requirement of parents to provide proof of child's identity, by providing a certified copy of your child's birth certificate. Compliance with standards is determined by visits to the site by licensing staff. Parents may register a complaint or obtain information by contacting the Fairfax Licensing Office at 934-1505.

Accident Insurance is not available. Policies are subject to change.

1/04 camps: parent policies



Fairfax County Park Authority Children's Emergency and Medical Information

Child's Name: _____ Sex: Male _____ Female _____
Last First MI

Address: _____
Street City State Zip

Phone (h): _____ Child's Date of Birth / / / / / / / /

Parent/Guardian Name: _____ E-Mail _____
Last First MI

Address: _____
Street (if different from child's) City State Zip

Phone (h) _____ (w) _____ (c) _____

Parent/Guardian Name: _____ E-Mail _____
Last First MI

Address: _____
Street (if different from child's) City State Zip

Phone (h) _____ (w) _____ (c) _____

****Mandatory 2 Emergency Contacts other than parents (required by the VA Dept of Social Services)**

Emergency Contact #1 _____ Relationship to Child _____

Address _____ Phone (H) _____ (W) _____

Emergency Contact #2 _____ Relationship to Child _____

Address _____ Phone (H) _____ (W) _____

Child's Physician (name & phone) _____

Insurance Company (name & policy #) _____

___ Yes ___ No Is your child under physician's care or taking medications on a continuing basis? If yes, please explain what for.

___ Yes ___ No Does your child have a contagious disease? If yes, please describe. _____

___ Yes ___ No Does your child have any allergies? If yes, please specify allergies. _____

What should be done if your child comes into contact with an allergen? _____

___ Yes ___ No Does your child have any chronic problems, special needs, or other conditions we should know about? If yes, please explain.

___ Yes ___ No Does your child take medications? If yes, please list. If during camp, you must contact Youth Services for proper medical authorization forms.

___ Yes ___ No Is your child allowed to participate in swimming/wading activities if included in the program?

Your child's swimming ability is: _____ Non-swimmer _____ Beginner Swimmer _____ Experiences Swimmer

What schools or other programs does your child attend? _____

I hereby authorize the FCPA and/or designated contractor to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize the FCPA to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that FCPA advises that I carry health insurance for my child. I have read the policies for the program and agree to adhere to them, including the policy if my child becomes ill, I must pick up my child immediately. I certify that the above information is complete and correct.

Parent/Guardian's Signature

Date

IMMUNIZATION RECORD (must be completed for camp or a copy signed by a physician must be attached to this form)

IMMUNIZATIONS	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOES ADMINISTERED				
Diphtheria/Tetanus/Pertussis(DTP)	/ / / /	/ / / /	/ / / /	/ / / /	/ / / /
Diphtheria/Tetanus (DT or Adult Td)	/ / / /	/ / / /	/ / / /	/ / / /	/ / / /
Poliomyelitis (OPV or IPV)	/ / / /	/ / / /	/ / / /	/ / / /	/ / / /
Measles (Rubeola)	/ / / /	/ / / /	/ / / /		
Rubella	/ / / /	/ / / /	/ / / /		
Mumps	/ / / /	/ / / /	Before 08/01/81 / / / /		
Measles, Mumps, Rubella (MMR)	/ / / /	/ / / /			
Hepatitis B Vaccine	/ / / /	/ / / /	/ / / /	Other:	/ / / /

Haemophilus influenzae Type b (Hib Conjugate): PLEASE COMPLETE THE APPROPRIATE SECTION BELOW.

/ / Has received complete series of Hib vaccine in accordance with current recommendations of the AMERICAN ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE.

/ / Has received the AGE APPROPRIATE doses of Hib vaccine as recommended by the AMERICAN ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE, the series will be completed on (RECORD COMPLETE DATE (month, day, year):

Series Completion Date: / /
MO DAY YR

/ / Hib vaccine is not indicated because this child has had Hib disease at 24 months of age or older.

/ / Being over 30 months of age, this child is not required by law to have proof of immunization against Hib.

I certify that this student is ADEQUATELY IMMUNIZED in accordance with the MINIMUM requirements for attending programs licensed by the VA Dept of Social Services.

Name and Address of Physician/Health
Dept _____

Signature of Physician or Health Dept. Official: _____; Date (mo, day, yr):/ / /

PHYSICAL RECORD (required if child is attending the program for more than 30 days)

Date of Most recent Physical _____

Findings: _____
—

This child appears to be in good physical health and free of communicable disease.

Name and Address of Physician/Health
Dept _____

Signature of Physician or Health Dept. Official: _____; Date (mo, day, yr):/ / /



Fairfax County Park Authority
Pick Up Authorization & Child Identity Verification

Child's Name:

Camps Child is Enrolled in:

The following people are authorized to pick up my child from the FCPA program. I understand my child will be allowed to leave with these individuals only. Photo identification will be asked at sign out. (please include yourself)

Authorized Person's Name (please print)	Relationship to Child	Phone Number

Name of persons NOT allowed to pick up my child:

Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Parent/Guardian Signature_____ Date_____

CHILD IDENTITY VERIFICATION/PROOF OF CHILD'S IDENTITY

(required by VA law for licensed programs)

PLEASE DO NOT SEND IN ORIGINAL OR COPIES OF BIRTH CERTIFICATES!
SHOW IDENTIFICATION PROOF ON THE FIRST DAY OF CAMP.

Proof of child's identity and age may include any of these: original birth certificate, passport, adoption/foster placement agreement, birth registration card, public school report card.

FCPA USE

PROGRAM STAFF COMPLETE THIS SECTION:

Type of Proof	Place of Birth	Date of Birth	Certificate Number/Doc #	Staff Name